



Riverhead Police Athletic League

ATTN: PAL, 210 Howell Avenue, Riverhead, NY 11901

Juvenile Aid Bureau - 631-727-3200 x273

David J. Hegermiller - Chief of Police

2012 RETURNING PLAYER - Football Registration

Please PRINT CLEARLY and submit along with Code of Conduct Form, attach check payment payable to Riverhead PAL and send to above address.

Child's DOB: _____

CHILD'S NAME _____ Child's Weight _____ Child must be 7 years of age, but not 13 by Nov 15, 2012

STREET ADDRESS, _____ TOWN, CITY, ZIP _____ Please indicate 2011 Coach Name _____

PARENT NAME _____ Interested in Coaching? Yes [] No []

HOME PHONE _____ CELL PHONE _____ EMAIL – Must include. Please PRINT clearly. _____

EMERGENCY CONTACT NAME / RELATIONSHIP _____ CELL PHONE _____

Fee 9-12 Year olds - \$175 Town Resident \$185 Non Town Resident Check Payable to: Riverhead PAL		NEW Football Players must register in person for photo and submit an Original Birth Certificate or notarized Affidavit on April 17 or 25, 2012 at Senior Center, 60 Shade Tree Ln, Aquebogue – 7-9 PM.
Fee 7 & 8 Year olds - \$125 Town Resident \$135 Non Town Resident Check Payable to: Riverhead PAL		Sock Size: Youth- S [] M [] L [] or Adult- S [] M [] L []
JERSEY - Youth Size: or JERSEY – Adult Size: <input type="checkbox"/> small <input type="checkbox"/> med <input type="checkbox"/> small <input type="checkbox"/> med <input type="checkbox"/> large <input type="checkbox"/> x-large <input type="checkbox"/> large <input type="checkbox"/> x-large	JERSEY- 9 -12 Year Olds ONLY PRINT LAST name to be printed on Jersey: _____	
PANTS – Youth Size: or PANTS – Adult Size: <input type="checkbox"/> small <input type="checkbox"/> med <input type="checkbox"/> small <input type="checkbox"/> med <input type="checkbox"/> large <input type="checkbox"/> x-large <input type="checkbox"/> large <input type="checkbox"/> x-large	JERSEY - 9-12 Year Olds ONLY Indicate: 1 st Choice # _____ 2 nd Choice # _____ 3 rd Choice # _____	

I, the parent/guardian of the above named child, hereby give my consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I, the parent/guardian of the above named candidate for a position on a league team hereby give my approval to his/her participation in all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Riverhead Police Athletic League, associated organizations, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter, except to the extent and in the amount covered by an accident or liability insurance.

I agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter is in as good condition as when received, except for normal wear and tear, or pay the equivalent to cost.

PARENT/GUARDIAN SIGNATURE _____ PRINT NAME _____ DATE _____

PAL Office Use Only: Name: _____ Date: _____ # _____ \$ _____

Name & Grade of additional children registering: _____, _____, _____